

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 06/084057 FILING DATE 10/16/00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6						
7						
8		1				
9						
10						
11						
12						
13						
14						
15		1				
16	1					
17		1				
18						
19		1				
20						
21						
22		1				
23			1			
24	1					
25			1			
26						
27						
28						
29						
30			1			
31	1					
32		1				
33			1			
34		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	20	2	2	2	2	2
TOTAL CLAIMS	31	2	2	2	2	2

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					